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## BIB DATA SHEET

CONFIRMATION NO. 6604

<b>SERIAL NUMBER</b> 10/599,295	<b>FILING or 371(c) DATE</b> 04/23/2008 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> US114.01
<b>APPLICANTS</b> Aslam Khan, Vancouver, BC, CANADA; Peter Wishart, Coquitlam, BC, CANADA; OK M.B.				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA05/00353 03/08/2005 which claims benefit of 60/556,360 03/26/2004 NONE M.B.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/08/2008				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL A BROWN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> BC	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 18 <del>32</del>
<b>INDEPENDENT CLAIMS</b> 4 <del>5</del>				
<b>ADDRESS</b> J. GORDON THOMSON P.O. BOX 8865 VICTORIA, BC V8V 3Z1 CANADA				
<b>TITLE</b> Spinal and Upper Cervical Impulse Treatment and Device				
<b>FILING FEE RECEIVED</b> 1025	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	